

## LABORATORY FORM

### ANIMAL HEALTH LABS

2230 OLD PENITENTIARY ROAD

BOISE, ID 83712

PHONE: (208) 332-8570 / FAX: (208) 334-4619

Date Sent: \_\_\_\_\_ Via: \_\_\_\_\_  
(Mail; Bus; Carrier; etc.)

Date Bled/Collected: \_\_\_\_\_

Export to \_\_\_\_\_ By (date) \_\_\_\_\_

**LAB USE ONLY** Accession # \_\_\_\_\_

Number of Specimens \_\_\_\_\_ Specimen Type \_\_\_\_\_

Number of Animals \_\_\_\_\_ Test Requested \_\_\_\_\_

Refer to \_\_\_\_\_

#### VETERINARIAN / CLINIC

\_\_\_\_\_  
(Veterinarian Name)

\_\_\_\_\_  
(Clinic Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

#### OWNER

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

County Animal Resides: \_\_\_\_\_

**Type of Specimen:** \_\_\_\_\_ Serum \_\_\_\_\_ Tissue \_\_\_\_\_ Swab \_\_\_\_\_ Milk \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** F M **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Number of Animals in Group: \_\_\_\_\_ Number Sick: \_\_\_\_\_ Number Dead: \_\_\_\_\_ Date/Hour of Death: \_\_\_\_\_

All results are mailed to the Clinic. You may request results by PHONE (#) (\_\_\_\_\_) or by  
FAX (#) (\_\_\_\_\_) Please Note: There is a \$1.00 per page fee for all faxes.

#### ANIMAL IDENTIFICATION (Tag Numbers; Names; etc.):

#### HISTORY (Including Vaccinations; Symptoms; Sickness Duration; Treatment; Necropsy Lesions, etc.):

FIELD DIAGNOSIS: \_\_\_\_\_

TEST(S) REQUESTED (Be Specific): \_\_\_\_\_